

ALLENDALE SHADE TREE  
WORK REQUEST

NAME \_\_\_\_\_ Date \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

CONTACT NUMBERS: (HOME) \_\_\_\_\_  
(WORK/CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF TREE (IF KNOWN) AND SIZE: \_\_\_\_\_  
(Diameter at breast height)

NATURE OF WORK INDICATED (eg. Removal, pruning) \_\_\_\_\_

ELECTRIC LINES INVOLVED? Yes \_\_\_\_\_ No \_\_\_\_\_

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FOR SHADE TREE COMMISSION USE

SITE INSPECTED: \_\_\_\_\_

OBSERVATIONS AND TREE CONDITION: \_\_\_\_\_

RECOMMENDED ACTION: \_\_\_\_\_

STUMP REMOVAL? YES \_\_\_\_\_ NO \_\_\_\_\_

HOMEOWNER ADVISED: \_\_\_\_\_

WORK BID: \_\_\_\_\_

WORK SCHEDULED: \_\_\_\_\_

WORK COMPLETED: \_\_\_\_\_

FUTURE PLANTING SITE? YES \_\_\_\_\_ NO \_\_\_\_\_